DECLARATION AND POWER OF ATTORNEY

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AS	Я	pelow	namea	inventor.	- 1	nereby	deciare	INAT:

My resident, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HUMAN-MURINE CHIMERIC ANTIBODIES AGAINST RESPIRATORY

the specification of which is attached hereto unless the following box is checked:

 was filed on	as	Application	Serial	No.	
and was amended on		(if app	licable).	•

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATIONS

Priority

None Claimed
(NUMBER) (COUNTRY) (DAY/MONTH/YEAR FILED) YES/NO
(NUMBER) (COUNTRY) (DAY/MONTH/YEAR FILED) YES/NO
(NUMBER) (COUNTRY) (DAY/MONTH/YEAR FILED) YES/NO

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

07/813,372	Dec. 23, 1991	Pending
(Applicant Number)	(Filing Date)	(Status-patented, pending, abandoned
(Applicant Number)	(Filing Date)	(Status-patented, pending, abandoned

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office contracted therewith:

John N. Bain
John G. Gilfillan III
Elliot M. Olstein
Raymond J. Lillie
Charles J. Herron
Charles J. Herron
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Reg. No. 22,746
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Address all telephone calls to Mr. Olstein to telephone number (201) 994-1700

Address all correspondence to Mr. Olstein

Carella, Byrna, Rain, Gilfillan

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6 Feeker Farm Road

Roseland, New Jersey 07068

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and

	further that these statements were made with the know statements and the like so made are punishable by fine or under Section 1001 of Title 18 of the United States Code and statements may jeopardize the validity of the application thereon.	imprisonment, or both, d that such willful false
	Full name of sole or first inventor (given name, family name) Inventor's signature	LESLIE SID JOHNSON
	Residence 13545 Ambassador Drive Citizenship	U.S.A.
	Germantown, Maryland 20874 Post Office Address same as above	
	Full name of second joint inventor, if any (given name, famil	
	Second Inventor's signature Date	
	Residence Citizensh	p /
the time of the stands	Post Office Address	
	Full name of third joint inventor (given name, family name) Date	
	Residence Citizenship	
	Post Office Address	

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DECLARATION AND POWER OF ATTORNEY

As a below nam d inventor, I hereby declare that:

My resident, post offi e address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HIMAN-MURINE CHIMERIC ANTIBODIES AGAINST RESPIRATORY SYNCYTICAL VIRUS

the specification of which is attached hereto unless the following box is checked:

x was filed on 8715/94 as Application Serial No. 08/290.592 and was amended on ______ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

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PRIOR FOREIGN APPLICATIONS

Priority

Claimed

None (NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	YES/NO
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Reg. No.	18,651
Reg. No.	22,746
Reg. No.	24,025
Reg. No.	31,778
Reg. No.	28,019
Rag. No.	25,378
Reg. No.	36,134
	Reg. No.

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I further d clare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and

Citizenship .

Residence _

Post Office Address

further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 f the United States Code and that such willful false under Section 1001 of Title 18 f the United States Code and that such willful false statements may jeopardize the validity f the application or any patent issuing thereon. LESLIE SID JOHNSON Full name of sole or first inventor, (given name, family name) Inventor's signature Date U.S.A. 13545 Ambassador Drive Citizenship Germantown, Maryland 20874 Post Office Address _ same as above Full name of second joint inventor, if any (given name, family name) Second Inventor's signature Citizenship Residence _ Post Office Address Full name of third joint inventor (given name, family name) Inventor's signature

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